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U.S. practice conducted through McDermott Will & Ernery LLP.

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Telephone: 312.372.2000

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In re Appln. Of Bishop, et al. RCE for U.S. Patent Appln. No. 09/652,899 "Methods and Apparatus for Conducting Electronic Transactions" MWE Ref. No. 37355-037

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50.50 m == 12/09/2004			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number	09/652,899					
FEE TRANSMITTAL		Filing Date	August 31,	2000					
FA	r FY 20	05	First Named Inventor	Bishop, et	el.				
			Examiner Name	Jalatee Wo	rjioh				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	3621					
TOTAL AMOUNT OF PAY	MENT (\$)	1,210	Attorney Docket No.	37355-037					
		hat apply)							
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 13-0206 Deposit Account Name: McDermott Will & Erriery LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filling fee									
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FEE CALCULATION									
1. BASIC FILING, SEA	RCH, AND E	XAMINATION FEES	S ARCH FEES EX	AMINATION	FEES				
ļ	FILING F	mall Entity	Small Entity	Small E	<u>ntity</u>	Fees Paid (\$)			
Application Type	Fee (\$)	Fee (\$) Fee		99 (\$) Fee	•	1 3 3 4 7 3 7 3 7			
Utility	300	150 500		00 100	_				
Design	200	100 100		30 65					
Plant	200	100 300	,,,,,	60 80					
Reissuc	300	150 50	0 250 6	300					
Provisional	200	100	0 0	0 () –	Small Entity			
2. EXCESS CLAIM FI	EES	•				Fee (\$) Fee (\$)			
Fee Description Each claim over 20 or,	for Reissues.	cach claim over 20	and more than in the or	iginal patent	;	50 25			
Each independent clair	n over 3 or, f	or Reissucs, each ind	ependent claim more t	han in the or	iginal patent	200 100 360 180			
Multiple dependent cla	ims			itiple Depend		300 100			
Total Claims	Extra Claim 2		<u>se Paid (\$) Mu</u> 100	Fee (\$)	Fee Paid	(5)			
22 - 20 or HP = HP = highest number of to		, If greater than 20				<u> </u>			
Indep. Claims	Extra Claim	s <u>Fee(\$)</u> Fo	ee Pa <u>ld (\$)</u> 200		<u>-</u>				
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Total Sheets - 100	Extra She	/ 50 =	(round up to a whole	number) x		_=			
Fees Paid (\$)									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other: RCE (\$790) and Petition of Extension of Time (\$120)									
Outer									
SUBMITTED BY	11	1/1	Registration No. AS	,080,	Telephone	312.372.2000			
Signature	tielle	Ala	(Attorney/Agent) 40	,000		eptember 19, 2005			
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